

REPORT OF UNCLAIMED SAFE DEPOSIT BOX CONTENTS

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REVENUE				For Depart	ment Use Only Initials	
(A) Holder		(C) Report Year				
B) Holder Number (D) Period Covered To				Reject Allowed Amounts: Rental Charges Drilling Fees		
One Owner Per Pa	ige Do not	send contents w	vith original report.			
1) Safe Deposit Box Number			5) Date of Abandonment (Month, Day, Year)			
2 & 3) Owner's Name & Social Security Number			6) Branch Property Was Held			
Last Name	First	Middle	Branch Name Street or PO Box			
Social Security Number			City	State	Zip Code	
4) Owner's Mailing Address			7) Amount Due Holder			
Street or PO Box			Drilling Unpaid Ren	Type		
City	State	Zip Code	Burokeeping	······································		
8) Itemized Description	of Contents (One Item Per Line or	Attach Itemized List):				
1			8			
2			9			
3			10			
4						
5			12		•	
6			13			
7			14			

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